

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0120465
 AV

DOCUMENT # G46106

1. Entity Name

SOUTH ISLAND DEVELOPMENT CORPORATION

03-29-2002 91405 005 ***150.00

Principal Place of Business

% JOSEPH DIPRIMA
 1199 SO PATRICK DRIVE
 SATELLITE BEACH FL 32937

Mailing Address

% JOSEPH DIPRIMA
 1199 SO PATRICK DRIVE
 SATELLITE BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIPRIMA, JOSEPH
 1199 SOUTH PATRICK DR.
 SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 CAUDLE, JEANNE
 9490 S TROPICAL TRL
 MERRITT ISLAND FL 32953 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 Caudle, Jeanne
 P.O. Box 410187
 Melbourne, FL. 32941-0187 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVP
 KIRSCHNER, STANLEY
 738 LOGGERHEAD ISLAND
 SATELLITE BEACH FL 32937 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 DIPRIMA, JOSEPH
 620 TORTOISE WAY
 SATELLITE BCH, FL 00000 32937 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Joseph Diprime
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

321-777-2500

Date

Daytime Phone #

CR2E034 (9/01)